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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR S	CHOOL BUS TRA	NSPORTATION	•	
This clain	n is for the	period beginning	,	month	, day	20 and	l ending		20 av	
CERTIF	ICATIO	NT.		montin	uay			montin u	ay	
					1 . 6 1					
	mation on	this form is comp			•	owledge.				
Date			Signatu	ıre, Chair, Board	d of Trustees					
County:			District	i:				District Le	evel:	
27 Linco	oln		0519	Troy Ele	em			Elemen	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
60	1	1		89.7	1.57	75	08/18/04			
60	1	2		128.6	1.57	71	08/18/04			
60	1	3		51	1.57	71	08/18/04			
60	1	4		30.4	1.57	71	08/18/04			
60	1	5		52	1.57	72	08/18/04			
60	1	6		41.2	1.57	71	08/18/04			
60	1	7		16.3	1.57	71	08/18/04			

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	1 to a to a state a upor motion.						May 24	Second Semesto to County Superinto to State Superinto	ntendent endent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION	:
This clain	n is for the	period beginning	3		,	20 and e	nding		, 20
			1	month	day		1	nonth d	ay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District L	evel:
27 Linco	oln		0520	Troy H S	8			High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	1	1		89.7	1.57	75	08/18/04		
40	1	2		128.6	1.57	71	08/18/04		
40	1	3		51	1.57	71	08/18/04		
40	1	4		30.4	1.57	71	08/18/04		
40	1	5		52	1.57	72	08/18/04		
40	1	6		41.2	1.57	71	08/18/04		
40	1	7		16.3	1.57	71	08/18/04		

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1.80

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0522 Libby K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 100 4 1 47 1.57 77 08/26/04 100 4 10 42 1.57 78 08/26/04 100 4 44 77 08/26/04 11 1.57 100 4 12 48 1.57 71 08/26/04 78 100 4 13 40 1.57 08/26/04 100 4 14 66 1.57 72 08/26/04 100 4 15 30 1.15 59 08/26/04 100 4 16 44 1.57 77 08/26/04 70 77 100 4 17 1.57 08/26/04 100 4 18 72 1.80 84 08/26/04 100 4 2 49 1.57 77 08/26/04 4 77 100 4 54 1.57 08/26/04 100 4 5 67 71 08/26/04 1.57 100 4 6 1.57 72 08/26/04 161 7 100 24 0.95 08/26/04 4 16 100 4 8 78 1.80 84 08/26/04

84

08/26/04

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0527 Eureka Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 68 13 1 79.2 1.57 71 08/26/04 2 68 13 50.4 1.36 65 08/26/04 2A67.8 65 08/26/04 68 13 1.36 3 13 67.6 1.57 72 08/26/04 68 72 68 13 3A 76.3 1.57 08/26/04 68 13 4 48.2 1.57 72 08/26/04 5 68 13 86.8 1.57 72 08/26/04 6 68.2 1.57 72 08/26/04 68 13 72 13 6A 85.6 1.57 08/26/04 68 7 68 13 105.1 1.36 65 08/26/04 68 13 8 154.2 1.57 72 08/26/04

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

32

CO

8

154.2

1.57

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0528 Lincoln County H S **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 32 CO 1 79.2 1.57 71 08/26/04 2 32 CO 50.4 1.36 65 08/26/04 32 CO 2A 67.8 08/26/04 1.36 65 3 32 67.6 1.57 72 CO 08/26/04 32 72 CO 3A 76.3 1.57 08/26/04 32 CO 4 48.2 1.57 72 08/26/04 32 5 CO 86.8 1.57 72 08/26/04 32 6 68.2 1.57 72 08/26/04 CO 32 72 CO 6A 85.6 1.57 08/26/04 32 7 CO 105.1 1.36 65 08/26/04

72

08/26/04

PI

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

82

42

1.15

0.95

School District Claim for State Reimbursement for School Bus Transportation

08/26/04

08/31/04

State	
District	
County	

	Helena, MT 59620-2501						ochoor Bus	папэрс	rtation	
DUE DATES:	:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPOR'	TATION	:
This clain	This claim is for the period beginning, 20 an						nding		,	20
			n	nonth	day		n	nonth	d	ay
CERTIF	ICATIO	N:								
The infor	rmation on	this form is comp	lete and a	accurate to th	e best of my kn	owledge.				
Date			Signature	e, Chair, Board	d of Trustees					
County:	District:								District Le	evel:
27 Linco	oln		0529	Fortine I	Elem				Elemen	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #

54

35

100

15

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena MT 59620-2501

66.8

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	I :		
This clair	This claim is for the period beginning							, 			
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kno	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:	District:							District L	evel:		
27 Linco	oln		0530	McCorm	ick Elem			Eleme	ntary		
Percentage	District #	Route #		Miles Per Dav	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		

41

08/03/04

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHOO	L BUS TRA	NSPORTATION	\:		
This clain	n is for the	for the period beginning										
				nonth	day		8		nonth	th day		
CERTIF	CATIO	N:										
The infor	mation on	this form is comp	lete and a	ccurate to the	e best of my kno	owledge.						
Date			Signature	e, Chair, Board	d of Trustees	· · · · · ·						
County:	ty: District:					District Level:						
27 Linco	ln		0534 Trego Elem				Elementary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Days Operated	Bus Driver's Social Security #		
100	53	4		54.2	1.57	71		09/04/04				
100	53	5		31.6	1.57	71		09/04/04				
100	53	7		44	1.36	66		09/04/04				
100	53	8		22	1.36	66		09/04/04				